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NO. 908 P. 1

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FACSIMILE COVER SHEET

DATE: December 11, 2006

TO: MS: ISSUE FEE

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FROM: Jeffrey G. Toler
Reg. No.: 38,342

RE U.S. App. No.: 10/693,814, filed October 24, 2003

Applicant(s): Ke Yu Chang

Atty Dkt No.: 1087-PROT0004

Title: IMAGE PROCESING

NO. OF PAGES (including Cover Sheet): 11

MESSAGE:

Attached please find:

- ☒ Transmittal Form (1 pg)
- ☒ Issue Fee Transmittal (in duplicate) (2 pgs)
- ☒ Fee Address Indication Form (1 pg)
- ☒ Revocation and POA, Change of Correspondence Address, and Appointment of POA & Statement Under 37 CFR 3.73 (b)(6 pgs)

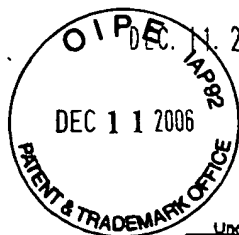
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W PAGE 1/11 * RCVD AT 12/11/2006 4:43:06 PM [Eastern Standard Time] * SVR:USPTO-EFXXRF-5/9 * DNIS:2732885 * CSID:5123275575 * DURATION (mm-ss):02-04



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NO. 908 P. 2

PTO/SB/21 (09-06)

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/693,814	
	Filing Date	October 24, 2003	
	First Named Inventor	Ke Yu Chang	
	Art Unit	2628	
	Examiner Name	RAHMJOO, Manucher	
Total Number of Pages in This Submission	11	Attorney Docket Number	1087-PROT0004

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Fee Address Indication Form
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	TOLER SCHAFFER, LLP		
Signature			
Printed name	Jeffrey G. Toler		
Date	12-11-2006	Reg. No.	38,342

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